

Booker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO. **107088460** FILING DATE _____
APPLICANT(S) _____

		CLAIMS									
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49											
50											
TOTAL IND.		4		4							
TOTAL DEP.		30		26							
TOTAL CLAIMS		34		30							
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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